SRF Disbursement Request Form															
Participant Infor	mation														
Name: City									WW141079 07						
DUNS Number:							5	1	1000						
Mailing	711 West Navajo Street														
City: West Lafayette State: IN ZIP 47906															
Contact Person: Peter L. Gray, City Controller Contact Phone Number: 765-775-5150															
Authorized Representative: Mayor John R. Dennis, or Peter L. Gray Authorized Representative Phone Number: 765-775-5100															
If requesting reimbursement to the Participant by wire transfer please provide the following information:															
Bank Name: Bank Routing Number:															
Account Name: Account Number:															
Loan Information															
Description of work for which claim is being made (services, fees, type of work, etc.):  Sheraton and Fairway Knolls Lift Station Improvements															
Is any part of this o	laim funded b	y an alterna	te funding	source?										YES	⊠ NO
If yes, please ident	ify the source	and amoun	t of the cla	im funded	by the a	alternat	te source (C	OCRA, S	SAP, Local Fun	ids):			_	\$	
Is any part of this o													-	YES	⊠ NO
															0.0
Has the Participant	t paid the requ	uest and is n	ow seeking	g reimburs	sement?									YES	⊠ NO
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.								YES	⊠ NO						
Are there Green Project Reserve components involved in this request?								☐ YES	⊠ NO						
If yes, please describe:															
Loan Financial In	formation														
Original Loan Amo	unt:												\$	2,610,00	00.00
Total Amount of Previous Disbursements:					\$					\$	2,553,116.00				
Balance Available Disbursement:	Balance Available After this Disbursement:						\$	52,118.00							
Amount to Contr	actor for thi	s Request:											\$	4,766.0	0
Is any part of this r	equest a parti	al or final re	elease of re	tainage to	the con	ntractor	r?							YES	⊠ NO
Contractor Name:	Greele	ey and Hans	en			T	DUNS N	lumber	: 04 569	9949					
Mailing address:	Lockbe	ox 619776,	PO Box 619	97					****			250 14255			
City: Chicago	City: Chicago State: IL ZIP Code: 60680-6197						197								
Wiring Information	);														
Bank Name:	Bank Routing Number:														
Account Name: Account Number:															
Retainage Amount for this Request:															
Participant requests that the retainage amount be held by SRF:															
Participant request	ts that the reta	ainage amou	unt be sent	to the Pa	rticipant	t via che	eck to the m	nailing	address listed	l above:					
Participant request	ts that the reta	ainage amou	unt be sent	to the fol	lowing b	oank:									
Bank Name: Bank Routing Number:															
Account Name:	Account Name: Account Number:														
Total Amount of this Request: \$ 4,766.00															
The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1).															
Authorized Representative Date: JUL 1 2 2016						016									
For Internal Use Only:															
Approved By:							D	Date:			GPR		\$		



100 S. Wacker Drive, Suite 1400 Chicago, Illinois 60606 p 312 558 9000 f 312 558 1006 www.greeley-hansen.com

May 27, 2016

Mr. David Henderson Utility Director City of West Lafayette Wastewater Treatment Utility 500 South River Road West Lafayette, IN 47906

Subject:

Sheraton & Fairways Knolls Lift Station Improvements

FINAL Invoice No. INV-0000469319

## Dear David:

The enclosed invoice is for final services related to the Sheraton & Fairways Knolls Lift Station Improvements in accordance with the agreement dated July 2, 2013.

Invoice No. 0000469319 covers services provided through May 20, 2016.

Project closeout and record drawings.

Please call me if you have any questions.

Thank you again for the opportunity to serve you and the City of West Lafayette.

1 /essoh

Sincerely,

Greeley and Hansen

Joseph M. Teusch

Jmt/img

INVOICE

For customer service, call 312 578 2375.



P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number:

Invoice Number:

INV-0000469319

Invoice Date:

05/27/2016

Description:

AUTHORIZATION: FOR ENGINEERING SERVICES FOR THE SHERATON & FAIRWAY KNOLLS LIFT STATION IMPROVEMENTS IN ACCORDANCE WITH THE AGREEMENT DATED JULY 2, 2013

Bill To:

CITY OF WEST LAFAYETTE ATTN: MR. DAVID HENDERSON

UTILITY DIRECTOR 500 SOUTH RIVER ROAD WEST LAFAYETTE, IN 47906 Remit To:

**GREELEY AND HANSEN** 

LBX 619776

P.O. Box 6197

CHICAGO, IL 60680-6197

Customer Number:

0791

Contract Value

Cost:

\$308,000.00

Fee: Total:

\$0.00

Project Number: Project Name:

Terms:

Due Date:

07911.01

SHERATON & FAIRWAY LS IMP

NET 30

06/26/2016

Cumulative Amount Billed:

\$307,532.95

Billing Period From:04/02/2016

To:05/20/2016

D/L w/Multiplier 3.2 Total Labor	Current Amount \$4,765.90 \$4,765.90	Cumulative Amount \$270,714.81 \$270,714.81
Sub-Consultants	\$0.00	\$32,797.50
Travel	0.00	1,040.89
Printling	0.00	-300.00
Total ODC's	\$0.00	\$33,538.39
Mark-up on ODC's	\$0.00	\$3,279.75
Mark-up Subtotal	\$0.00	\$3,279.75
Invoice Subtotal Invoice Total	\$4,765.90 \$4,765.90	\$307,532.95 \$307,532.95

Current Incurred Hours:

46,50



For customer service, call 312 578 2375.



P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

## **Sum of Entered Hours**

*	CLEMENS	HEALY	RODENBECK	Grand Total
4/4/2016	1.00			1.00
4/5/2016	1.00			1.00
4/6/2016	1.00			1.00
4/11/2016		0.50	B 451_12	0.50
4/12/2016	1.00			1,00
4/13/2016		1.00		1.00
4/14/2016	1.00			1.00
4/15/2016			1.00	1.00
4/18/2016	2.00		9.00	11.00
4/19/2016	4.00			4.00
4/20/2016	4.00	ir Skibir d.		4.00
4/21/2016	4.00	100 125 14 VCS	2.50	6.50
4/22/2016	2.00			2.00
4/25/2016	3.50	and the second		3.50
5/11/2016		4.00	4.00	8.00
Grand Total	24.50	5.50	16.50	46.50 /